Section/topic	Item number	Checklist item	Reported on page number
Title and abstract			
	1a	Identification as a randomised trial in the title	N/A
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts[21,31])	Page 2
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Page 4
	2b	Specific objectives or hypotheses	Page 4, Lines 27–30
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Page 6, Lines 17–19
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	Page 5, Lines 12–16
Participants	4a	Eligibility criteria for participants	Page 5
	4b	Settings and locations where the data were collected	Page 5, Lines 4–5
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Pages 6–8
Outcomes	6a	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed	Page 8, Line 23 – Page 9, Line 10
	6b	Any changes to trial outcomes after the trial commenced, with reasons	None
Sample size	7a	How sample size was determined	Page 9, Lines 19–21
	7b	When applicable, explanation of any interim analyses and stopping guidelines	Page 6, Lines 12–16 and Page 9, Lines 21–23
Randomisation			
Sequence generation	8a	Method used to generate the random allocation sequence	N/A
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	N/A
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	N/A
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	N/A
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	N/A
	11b	If relevant, description of the similarity of interventions	N/A
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	N/A
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	N/A
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Figure 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Figure 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Page 10, Lines 11–14
	14b	Why the trial ended or was stopped	Page 10, Line 29 – Page 11, Line 2
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Page 7, Lines 4–5, Page 8, Lines 24–25, and Figure 1
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% CI)	Pages 10–13
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	N/A
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing prespecified from exploratory	Page 9, Lines 1–2, and Pages 11–13
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms[28])	Page 10, Line 25 – Page 11, Line 20 and Table 2
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Page 14, Lines 28–32 and Page 15, Line 24 – Page 16, Line 2
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Page 14, Lines 10–12 and Page 16, Lines 12–15
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Page 16, Lines 4–15
Other information			
Registration	23	Registration number and name of trial registry	Page 9, Line 32
Protocol	24	Where the full trial protocol can be accessed, if available	Link to be provided
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Page 10, Lines 2–8 and Page 17, Lines 4–11

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration[13] for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials,[11] non-inferiority and equivalence trials,[12] non-pharmacological treatments,[32] herbal interventions,[33] and pragmatic trials.[34] Additional extensions are forthcoming: for those and for up-to-date references relevant to this checklist, see http://www.consort-statement.org.

Table: **CONSORT 2010 checklist of information to include when reporting a randomised trial***